

The Turtle and the Caduceus

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Reviewed by Dr Graham Roberts

Some time after I met David Brewster I saw him mentioned in the Sydney University Alumni magazine as having received the Australia Medal. Few of us out here in the Pacific knew of the full extent to which David is so widely respected. Reading *The Turtle and the Caduceus* will give you a slight glimpse of why that is so. Those who leap to the last chapter on the difficulties David faced in organisational politics will miss something very special, unless they go back to the start.

It's timely, right now, that people read *The Turtle and the Caduceus*. As the Fiji School of Medicine is absorbed into the Fiji National University it enters a new historical era. But more important, the programs that it has established, and which have developed over the 125 years that this book covers, are at risk from alignment to a centralised organisation where decisions become distanced from the leaders of the medical profession. But even more important, the nature of the academic endeavour, the philosophy of science and learning, and integrity of the body of knowledge, must also be maintained and transmitted, yet they are at the 'lamentable' risk of the impact of Fiji politics on medical education – the core topic of *The Turtle and the Caduceus*. In the introduction David suggests "this book might also be entitled: 'The Rise and Fall of the Regional Medical School in Fiji', but only time will tell whether it can rise from the ashes to triumph over 'an uncertain future' and assume once again the role it had occupied for a hundred years".

These are the central issues of *The Turtle and the Caduceus*. The best ever history of the medical school in Fiji, a history of medical

education from the gentrified distance from the patient, the rise of clinical observation, the biomedical model to Problem Based Learning. But it contextualises all this with an exposition of the philosophy of education and a deconstructed understanding of the changing social and political environments that the medical school in Fiji endured on its 125 year journey, and which David also felt in his short tenure as Dean. Those who didn't get to know David while he was in Fiji sadly missed the fact that his real interests and concerns were on this level, while he was caught-up in dealing with far more troublesome yet prosaic issues.

Part 1 tells the history of the Suva Medical School from 1885 to 1928 and its start as a response to significant epidemic mortality (particularly from measles) consequent to entering the international world in the early colonial period, and which induced a significant depopulation of indigenous Fijians; while the Indo-Fijian who also suffered, multiplied due to their higher fertility rate. Population dynamics played a crucial role in the nature of the medical school and its model of medical education, as it has throughout its history. David presents a fascinating discussion on the various ways that depopulation was understood or could be explained; the various rationalisations and their administrative outcomes in the colonial responses. The epidemiological history of Fiji presented in Chapter 2 should be compulsory reading for every student of FSMed.

Chapters 3 tells of 'colonialism with a human face' and the influential colonial administrators who set out with the intention

to preserve what they could of Fijian culture against the intrusions of the white planters; building on native social organisation and the chiefly system, so Fijians could control their own destiny, while the administration ran on a model of 'indirect rule', although with the unforeseen consequence of delaying indigenous liberation from what was essentially a feudal system. Chapter 4 discusses the history of western medical education in England, France and Scotland and sets out the evolution of European medical education and practice prior to the empirical model of education introduced by the British into the Suva Medical School. Empiricism required that that knowledge should be based upon observations and experience rather than reason or intuition. Clinical examination began to take a central role, and the addition of technology extended the capacity to examine. Chapter 5 continues into the history of introduced Pacific and indentured Indian labourers, and the beginnings of the demographic transition to the bi-racial nation that still characterises Fiji, and which influenced administration policy towards protecting indigenous land ownership and preserving Fijian culture. Medical education at the Suva Medical School took a similar path with the efforts to increase the number of Native Medical Assistants to serve rural indigenous populations.

Chapter 6 recounts the history of the Rockefeller Foundation hookworm campaigns in Papua and the Pacific, directed at reducing very high rates of infestation, thereby increasing labour productivity, while also making the tropics safe for the white man. The campaigns placed a heavy burden of health education, sanitation and other preventive work on the Ministry of Health and it became necessary to plan for the provision of trained health workers. The Pacific island hookworm campaigns and Rockefeller philanthropy led indirectly to the founding of the Central Medical School in 1928.

Part 2 presents the history of the Central Medical School from 1928 to 1961, commencing with its Rockefeller appointee Sylvester Lambert, whose character comes alive under David's and Annie Stuart's research, on which he draws. The Central Medical School was established in Fiji as a regional medical school, although the Suva Medical School had already graduated 2 students from Tokelau. As David recounts, 'the original scheme provided for 20 students from Fiji, four each from Tonga, Gilbert and Ellice Islands, British Solomon Islands and Western Samoa, and two each from the Cook Islands and the New Hebrides, for a total of 40 students'. That this almost didn't happen is a tale worth reading, as it tells of a titanic struggle between a purist and a pragmatist – Lambert, and how he persisted and eventually found support from other Pacific Islands states and, eventually, after 7 years of diplomatic and organisational negotiations, achieved funding from the Rockefeller Foundation. So much of what we have today is due to Sylvester Lambert – and I didn't know that. History provides our heroes. Part 2 continues with a detailed history of the Central Medical School and the lives of some of its leaders, including David Hoodless, whose 'House' we now inhabit.

Part 3 tells the history of the Fiji School of Medicine from 1961 to 2010 and presents developments adopted in line with international advances in medical education. Chapter 11 contains much of the central theme of the book – the impact of politics and organisational change on education. David discusses the politics of the transition from within the Ministry of Health to an autonomous institution, and of the medical qualification from a diploma to a degree, and then moves quickly into the organisational environment that impacted on FSMed in more recent years, from the coups of 1987 to the present. Chapter 12 focuses more on modern approaches medical education and the model of Problem Based Learning based on the McMaster University model,

which David was exposed to as a medical student; and leads onto a discussion of professionalism, and the tension between the humanist approach to patients and the evidence-based approach. Chapter 13 is a 'must read' for everyone working in health development in the international context. I had the pleasure of conversing with David and recall how William Easterly's concept of Planners vs Seekers appealed to him as it did to me. David raises issues in this chapter that strike to the heart of models of aid delivery. He describes the 'Pacific paradox' - that Pacific nations receive more aid per capita than any region in the world - yet have little to show for it. He reviews contemporary challenges by leading authors which raise questions of moral philosophy that will challenge those who have a vested interest in the way aid is delivered, which he does not hold back from describing as a 'racket'.

Chapter 14 contains a history of the recent politics of Fiji and explores the concept of the 'coup culture', introduced through the effects of political change on FSMed, connecting events to the alumni who played important

roles in the history of Fiji. Not being a historian of Fiji politics, all I can claim is that the history presented here makes good sense to me, who lived through much of it.

Those who were here during the events covered in the Chapter 15, *The Poison Chalice*, might reflect again on the difficulties David faced; with his educational imperatives thwarted or misunderstood and with poison already in the chalice when handed to him. David confronted issues that had been 'too hard' well before he arrived. This part of the tale is as painfully told as it was to live through. But it would be a shame for *The Turtle and the Caduceus* to be characterised by this chapter. Readers of the whole book will find themselves well educated. *The Turtle and the Caduceus* is a complete contextual background to medical education in Fiji and the Pacific Region; much of it directly preceding the situation the medical school is in right now.

Before we can move into the future it's wise to know where we have come from.

